

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

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## **Nondisability Retirements**

From: Commander, Coast Guard Group Somewhere  
To: GMC John P. Jones 999 99 9999, USCG  
Via: Officer in Charge, Coast Guard Station Anywhere

Subj: SEPARATION PAYMENT UPON RETIREMENT FROM ACTIVE DUTY

1. The separation payment provided to you upon your retirement from active duty represents 100 percent of your final pay as calculated by PMIS/JUMPS. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.
2. Any additional payment to you will be paid by the Coast Guard HUMAN RESOURCES SERVICE AND INFORMATION CENTER (HRSIC) after your separation transactions have processed in PMIS/JUMPS and a final review of your pay account is made. This will normally be within 45 days after your date of retirement. You will also be sent a final Leave and Earnings Statement (LES) within 45 days after retirement.
3. If an overpayment is discovered upon final review of your active duty pay account, HRSIC will initiate action to collect the overpayment from your retired pay.
4. Your final LES and any additional payment will be mailed to the address provided on the Tax Information Form (CG-5225) prepared by your Personnel Reporting Unit at the time of separation processing. If you wish to receive your final LES and any additional payment at a different address, you must notify HRSIC (SES) in writing within 20 days. Your letter must include your name, social security number and the address you want the payment sent to. Please address your correspondence to:

COMMANDING OFFICER (SES)  
COAST GUARD HUMAN RESOURCES  
SERVICE & INFORMATION CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

5. Your IRS form W-2 for calendar year 19 - will be mailed by HRSIC to the address indicated on the Tax Information Form CG-5225 unless HRSIC (SES) is notified otherwise in writing. Your IRS form W-2 will be mailed by 31 January next year.
6. Any questions concerning retirement travel entitlements or settlement of travel claims should be coordinated with HRSIC (TVL) at 1-888-USCGTVL. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785)-357-3550.

M. R. ROBERTS  
By direction

## **Survivor Benefit Plan Election Requirements**

From: Commanding Officer \_\_\_\_\_

To: \_\_\_\_\_

Subj: SURVIVOR BENEFIT PLAN

Ref: (a) Your Guide To Retirement, HRSICINST M1800.5 (series)

1. As a concerned commanding officer, I am writing this letter to ensure that you are fully aware of the Survivor Benefit Plan (SBP).

2. As you near retirement, it is important that you fully understand SBP.

- If you do not make an election, you will be automatically enrolled at maximum level.
- You may elect coverage at less than maximum or not to participate at all.
- You will have a one-year period, beginning two years after the commencement of retired pay, to voluntarily terminate SBP coverage. You will be notified when you reach your second anniversary of retired pay, and if you wish to terminate SBP you should contact HRSIC (RAS) for the disenrollment form. Once participation is discontinued under these provisions, no benefits may be paid in conjunction with your previous participation. No refund of any premiums properly collected shall be made and you may not resume participation in SBP for any category or beneficiary.
- The decision not to participate at retirement in SBP is irrevocable.

You and your spouse should review Chapter 3 of reference (a) prior to making an election.

3. If you do not elect coverage at the maximum level, your spouse must concur with your election.

- You are required to advise your spouse of your election.
- Your spouse may indicate concurrence with your SBP election by signing part VII of the Retired Pay Account Worksheet and Survivor benefit Election (CG HRSIC-4700).
- If your spouse does not concur with your decision or is not available for signature, I am required by Public Law 99-145 to advise your spouse of their options.
- Your spouse can concur with your election of less than maximum. However, if your spouse does not concur or should not respond to my letter prior to your retirement, you will be enrolled at the maximum level of participation.

4. Your election is to be made on CG HRSIC-4700 and should be completed approximately 60 days prior to your retirement or date of departure on terminal leave. Failure to return a completed election will result in you being enrolled in the SBP at maximum level of participation, *regardless of your wishes*.

5. If you have any questions concerning the Survivor Benefit Plan, (enter name of local work-life Career Information Specialist or unit contact and phone number), or the staff at Coast Guard HUMAN RESOURCES SERVICE AND INFORMATION CENTER , Retiree and Annuitant Services (RAS) (785-357-3415) are available to assist you and your spouse.

Signature of Commanding Officer

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

## Spousal Notification/Concurrence Letter

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

(Mr./Mrs.)

Date:

Dear (Mr./Mrs.) \_\_\_\_\_:

I am writing to tell you about the Survivor Benefit Plan (SBP) and a decision your (husband/wife) has made about participation in the SBP. It is important that you understand this, so please read it carefully.

In the event of your (husband/wife)'s death, (his/her) Coast Guard retired pay automatically stops. Under SBP, your (husband/wife) can provide an annuity of up to 55 percent of (his/her) retired pay to you and /or your children. In order for you to receive the SBP annuity, your (husband/wife) must designate a "base amount" of \$300.00 up to the full amount of (his/her) monthly retired pay. Your annuity would be 55 percent of the chosen base amount until you reach age 62. From age 62 on, it will be reduced (due to entitlement to social security benefits) to no less than 35 percent of the chosen base amount. The premium costs to participate in SBP are a small percentage of the designated base amount, and would be deducted from your (husband's/wife's) monthly retired pay.

Under this plan, your (husband/wife) must choose one of the following options before retirement:

- a. To cover both you and your children at the maximum level possible (full retired pay). This means you (or your children) would receive 55/35 percent of your (husband's/wife's) retired pay after (his/her) death.
- b. To cover only you, or only your children, at the maximum level possible.
- c. To cover you or your children or both, at less than the maximum level. This means you (or your children) would only receive an annuity of 55/35 percent of this reduced "base amount."
- d. Not to participate in SBP at all, which means you (and your children) would receive no annuity in the event of your (husband's/wife's) death.

Your (husband/wife) has elected option (b, c, or d). (He/She) has elected to (choose the appropriate option below that corresponds to the member's election in blocks 8 and 9 of CG HRSIC 4700.

(cover only your children at the maximum base amount and not cover you).

or (cover you and your children but only at a reduced base amount of \$XXX.XX).

or (cover only you at a reduced base amount of \$XXX.XX).

or (cover only your children at a reduced base amount of \$XXX.XX).

or (not participate in SBP at all).

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*Continued on next page*

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

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Under Public Law 99-145, your written consent is required before the above election made by your (husband/wife) can be effective. It is important that you understand the decision not to participate in SPB at retirement is irrevocable, meaning it cannot be changed. The only exception to this may occur if there is an open season for election into the SBP.

After election into the Plan at any level, there is one opportunity to disenroll. This occurs two years after the commencement of retired pay, when your (husband/wife) will have a one year opportunity to voluntarily terminate SBP coverage. As His/Her spouse, you must also concur with that election if made. The decision to terminate SBP coverage during this one year period is also irrevocable, and once participation is discontinued, no benefits may be paid in conjunction with previous participation, no refunds of any premiums properly collected shall be made and (he/she) may not resume participation in SBP for any category of beneficiary. Your choices at this time are as follows:

- a. Concur with your (husband's/wife's) election; or
- b. Not concur with your (husband's/wife's) election, in which case your (husband/wife) will be enrolled in SBP at the maximum level (based on full retired pay); or
- c. Not respond to this letter, in which case, your (husband/wife) will be enrolled in the SBP at the maximum level (based on full retired pay).

Your signature and that of at least one witness is required on the endorsement below. Return this letter and your endorsement to this Command. If your response to this letter is not received by (30 days prior to date of member's retirement), we will assume that you have chosen not to respond to this letter.

If you or your spouse have any questions about SBP, please write or call me at \_\_\_\_\_. I will be pleased to discuss this issue with you further and help you arrange the SBP coverage you both desire.

Sincerely,

Commanding Officer's Signature

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**RETURN ENDORSEMENT**

I, \_\_\_\_\_ (spouse's name) \_\_\_\_\_, (wife/husband) of Retiree's Name, rank/rate and SSN have been advised that my (husband/wife) has made the following election under the Survivor Benefit Plan: (enter retiree's election--should be identical to the fourth paragraph of the above letter).

(Check only on block below:)

\_\_\_\_\_ I consent to my (husband's/wife's) election.

\_\_\_\_\_ I do not consent to my (husband's/wife's) election.

Signature

Witness: (over 18 and not a family member):

Signature \_\_\_\_\_ Address \_\_\_\_\_

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

## **Separation Pay Letter (member due money)**

From: Commander, Coast Guard Group Somewhere  
To: GMC John P. Jones 999 99 9999, USCG  
Via: Officer in Charge, Coast Guard Station Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The separation payment provided to you upon your separation from active duty represents a substantial portion of your final pay and includes payment for any unused leave due you through your date of separation from the Coast Guard. Please be advised that this payment may be over or under the final pay due you as a result of clerical or administrative errors or delays in processing pay transactions, or changes in the planned disposition of your leave.
2. Any additional payment due you will be paid by the Coast Guard Human Resources Service and Information Center (HRSIC) after your separation transactions have processed in PMIS/JUMPS and a final review of your pay account is made. This will normally be within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment will be mailed to the address provided on the Tax Information Form (CG-5225) prepared by your Personnel Reporting Unit at the time of separation processing. If you wish to receive your final separation payment at a different address, you must notify HRSIC (SES) in writing within 20 days. Your letter must include your name, social security number and the address to which you want the payment sent. Please address your correspondence to:

COMMANDING OFFICER (SES)  
COAST GUARD HUMAN RESOURCES  
SERVICE & INFORMATION CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

4. Your IRS Form W-2 for this year will be mailed by HRSIC to the address indicated on the Tax Information Form (CG-5225) unless HRSIC (SES) is notified otherwise in writing. Your IRS Form W-2 will be mailed by 31 January next year.
5. Any questions concerning separation travel entitlements or settlement of travel claims after separation can be answered by the Travel Claim Assistance Team at (785) 295-2250. Claims for reimbursement of Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785) 357-3550.

M. R. ROBERTS  
By direction

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

## **Separation Pay Letter (member owes money)**

From: Commander, Coast Guard Group Somewhere  
To: GMC John P. Jones 999 99 9999, USCG  
Via: Officer in Charge, Coast Guard Station Anywhere

Subj: SEPARATION PAY AND RELATED DOCUMENTS

1. The Coast Guard Human Resources Service & Information Center (HRSIC) has determined that you are not entitled to any final payment upon your separation from the Coast Guard
2. A final review of your pay account will be made by HRSIC (SES) after your separation transactions have been processed in PMIS/JUMPS. If this review indicates that you have been overpaid, you will be notified in writing of the nature and amount of any indebtedness. If the review indicates that you are entitled to additional moneys, a special check payment will be sent to you by HRSIC (SES). The payment should be mailed to you within 90 days after your date of separation. You will also be sent a final Leave and Earnings Statement (LES) within 90 days after separation.
3. The final LES and final separation payment (or notification of overpayment letter, if indebted) will be mailed to the address provided on the Tax Information Form (CG-5225) prepared by your Personnel Reporting Unit at the time of separation processing. If you wish to receive your final separation payment at a different address, you must notify HRSIC (ses) in writing within 20 days. Your letter must include your name, social security number and the address to which you want the payment sent. Please address your correspondence to:

COMMANDING OFFICER (SES)  
COAST GUARD HUMAN RESOURCES  
SERVICE & INFORMATION CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

4. Your IRS Form W-2 for this calendar year will be mailed by HRSIC to the address indicated on the Tax Information Form (CG-5225) unless HRSIC (SES) is notified otherwise in writing. Your IRS Form W-2 will be mailed by 31 January next year.
5. Any questions concerning separation travel entitlements or settlement of travel claims after separation can be answered by the Travel Claim Assistance Team at (785) 295-2250. Claims for reimbursement of Do it Yourself (DITY) Moves can be answered by Coast Guard Finance Center at 1-800-564-5504. For questions concerning the final LES, additional payment, or the IRS form W-2 call HRSIC (SES) at (785) 357-3550.

M. R. ROBERTS  
By direction

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

## **Information Regarding Active Duty Separation Status**

From: Commander, Coast Guard Group Somewhere  
To: GMC John P. Jones 999 99 9999, USCG  
Via: Officer in Charge, Coast Guard Station Anywhere

Subj: INFORMATION REGARDING ACTIVE DUTY SEPARATION STATUS

1. You have been given DD Form 214, Certificate of Release or Discharge from Active duty. We recommended that you place it in a safe place as you will undoubtedly have need for it at some future date. The purpose of the DD Form 214 is to provide separated personnel with a concise record of data pertaining to active service within the Armed Forces for the purpose of obtaining civilian employment commensurate with service qualifications and experience; and obtaining such benefits as may accrue under various federal and state legislation as the result of active service in the Armed Forces. In the event the original of the DD Form 214 becomes lost or contains an erroneous entry, one certified copy or a corrected copy may be obtained by addressing a request to Commander (adm-3) Coast Guard Personnel Command, 2100 2nd ST SW, Washington, DC. 20593-0001. Such requests shall include your full name, rank, social security number, date of separation, and reason for request.
2. Upon separation from the U.S. Coast Guard, all persons are required to surrender all identification cards that may be in their possession., including your Armed forces Identification and Privilege Cards for yourself and all dependents.
3. The "Ex-servicemen's Unemployment Compensation Act of 1958" (Public Law 85-848) authorized unemployment insurance protection of ex-servicemen of all ranks who began their active service in the Armed Forces after 31 January 1955. The Department of labor has prepared an informative pamphlet concerning the provisions of the Act. The pamphlet is available through normal source of supply.
4. Enclosed are travel vouchers for yourself and dependents (if applicable). Failure to submit these claims will result in you not receiving the per diem portion of your travel entitlements. When submitting these claims you are required to submit the original or copy of the original DD Form 214. You are required to complete the travel claims and submit them in the self-addressed envelope to:

COMMANDING OFFICER (TVL)  
COAST GUARD HUMAN RESOURCES  
SERVICE & INFORMATION CENTER  
444 SE QUINCY STREET  
TOPEKA KS 66683-3591

5. The publication, "Once a Veteran" is enclosed to provide you with information concerning civil readjustment and veterans benefits. In addition to the foregoing information, you have been advised of your rights and benefits as a veteran.

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

**Information Regarding Active Duty Separation Status (cont.)**

6. If you have Servicemember's Group Life Insurance (SGLI) in force, you may convert to Veteran's Group Life Insurance (VGLI) for a 5 year period commencing with the post-service SGLI coverage, which is the 121st day after separation. Applications, payments and inquires concerning SGLI and VGLI should be sent to: Office of Servicemember's Group Life Insurance, 212 Washington Street, Newark, NJ 07102. Any Veterans Administration Office can supply information and forms.

M. R. ROBERTS  
By direction

Encl: (1) Once a Veteran Pamphlet  
(2) Travel Vouchers

**Enclosure 4**  
**STANDARD SEPARATION LETTERS**

---

**RELAD letter**

From: Commander, Coast Guard Group Somewhere  
To: GMC John P. Jones 999 99 9999, USCG  
Via: Officer in Charge, Coast Guard Station Anywhere

Subj: TERMINATION OF ACTIVE DUTY IN THE REGULAR COAST GUARD AND TRANSFER TO THE  
COAST GUARD RESERVE

Ref: (a) 10 USC 651

1. Effective **(insert date of separation)** your active duty in the regular Coast Guard is hereby terminated by reason of expiration of enlistment. You are hereby immediately transferred to the Coast Guard Reserve and concurrently released to inactive duty. You will be required to serve in the Coast Guard Reserve until **(insert expected loss date)**, unless sooner discharged by competent authority.
2. During the period of your obligated service in the Coast Guard Reserve you shall be subject to such additional training as may now or hereafter be prescribed by law for such Reserve. Failure to fulfill all or any part of your service obligation may result in trial by appropriate authorities of the United States for violation of reference (a).
3. You have stated that your mailing address is: **(insert correct final address)**
4. Subsequent to this date, your new unit will be **(insert new unit address and phone number)**. This command will advise you fully as to your obligations and other matters connected with your service in the Coast Guard Reserve. You will keep this command informed of any change of address. You must promptly reply to all official communications. Any information you desire regarding your reserve obligation or status should be requested from your Commanding Officer or your unit administration office.

M. R. ROBERTS  
By direction

Copy: **(provide copy to ISC (fot) responsible for geographic area which member will reside after separation)**